MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT(S) | FILING DATE

10/520567

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12	c	c					62						
13		1					63						
14		1					64						
15							65						
16							66						
17							67						
18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	⬇		⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	12	⬅		⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	13						TOTAL CLAIMS						